

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **770826** (6)

1. Corporation Name

**PRIVATE INDUSTRY COUNCIL OF OKALOOSA, SANTA ROSA
, AND WALTON COUNTY CONSORTIUM INC.**

Principal Place of Business

Mailing Address

**A ROSA. AND WALTON COUNTY CONSORTIUM INC.
109 8TH AVENUE
SHALIMAR FL 32579**

**A ROSA. AND WALTON COUNTY CONSORTIUM INC.
109 8TH AVENUE
SHALIMAR FL 32579**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/19/1983		3a. Date of Last Report 06/29/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2326926		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRAWFORD, MARGE
SEAGROVE ON THE BEACH
RT 1 BOX 3840
SANTA ROSA BEACH FL 32549**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Margaret Crawford
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VC <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VC <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNITZUS, JERRY	1.2 NAME	PEEBLES, BILL W., JR.
STREET ADDRESS	P O BOX 4490 NA	1.3 STREET ADDRESS	331 VICTORIA
CITY - ST - ZIP	FT WALTON EBHAC FL	1.4 CITY - ST - ZIP	FT WALTON BEACH FL 32548
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	C <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, MARGE	2.2 NAME	CRAWFORD, MARGE
STREET ADDRESS	SEAGROVE ON THE EBACH RT 1 BOX 3840	2.3 STREET ADDRESS	SEAGROVE ON THE BEACH RT 1 Box 3840
CITY - ST - ZIP	SANTA ROSA BEACH FL	2.4 CITY - ST - ZIP	SANTA ROSA BEACH FL
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	ST <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APLIN, CHARLES	3.2 NAME	APLIN, CHARLES
STREET ADDRESS	120 LOWERY PL	3.3 STREET ADDRESS	120 LOWERY PL
CITY - ST - ZIP	FT. WALTON BEACH FL	3.4 CITY - ST - ZIP	FT WALTON BEACH FL 32548
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCHENRY, JAMES	4.2 NAME	MCHENRY, JAMES
STREET ADDRESS	11 E NELSON AVE	4.3 STREET ADDRESS	11 E NELSON AVE
CITY - ST - ZIP	DEFUNIAK SPRINGS FL	4.4 CITY - ST - ZIP	DEFUNIAK SPRINGS FL 32433
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUEY, NED	5.2 NAME	JUDY BYRNE RILEY
STREET ADDRESS	100 COLLEGE BLVD	5.3 STREET ADDRESS	P O BOX 8
CITY - ST - ZIP	NICEVILLE FL	5.4 CITY - ST - ZIP	VALPARAISO FL 32580
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORLEY, DOUGLAS	6.2 NAME	RAYMOND ROGERS
STREET ADDRESS	1130 HWY 90 WEST	6.3 STREET ADDRESS	603 CANAL STREET
CITY - ST - ZIP	MILTON FL	6.4 CITY - ST - ZIP	MILTON FL 32570

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Margaret Crawford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)